



Commonwealth
of Massachusetts

Center for Health
Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Commonwealth of Massachusetts-Center for Health Information and Analysis (CHIA)
APCD Data Volume Reports 2008-2012 (based on data received by 12/19/2012)

Humana Insurance Company														
File Type*	Submission Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	325,666	325,666
PR	2011	0	0	297,813	0	325,666	337,781	0	0	341,223	0	0	342,423	1,644,906
PR	2012	0	0	752	0	0	477	0	0	8,694				9,923
ME	2009	0	0	0	0	0	0	0	0	0	0	0	17,862	17,862
ME	2010	0	0	0	0	0	0	0	0	0	0	0	21,434	21,434
ME	2011	7,424	20,154	21,101	20,661	21,999	23,377	24,828	26,386	28,032	30,787	32,770	34,660	292,179
ME	2012	40,202	44,210	44,510	42,433	44,801	47,199	50,326	53,697	57,075	63,534			487,987
PV	2011	2,042	1,309	640	6,098	6,102	2,477	6,117	2,463	1,104	6,119	6,122	6,130	46,723
PV	2012	1,063	1,063	1,419	6,230	4,830	15,695	2,968	3,215	2,978	3,068			42,529
MC	2008	925	637	569	620	537	793	836	795	734	971	721	939	9,077
MC	2009	1,016	1,304	1,291	1,546	1,572	1,337	1,691	1,929	1,371	1,697	1,403	1,737	17,894
MC	2010	1,813	2,024	1,345	1,831	2,099	2,107	2,276	2,235	2,870	2,706	2,838	3,271	27,415
MC	2011	3,316	3,948	5,739	5,814	6,176	8,130	6,880	9,041	7,344	7,928	9,239	9,081	82,636
MC	2012	7,870	8,755	10,735	10,380	11,680	10,346	11,201	12,365	12,377				95,709
PC	2008	453	394	472	404	397	386	367	376	397	391	380	420	4,837
PC	2009	329	278	345	361	335	273	318	274	285	316	331	365	3,810
PC	2010	209	160	174	156	174	163	153	166	156	176	220	222	2,129
PC	2011	253	309	395	493	463	549	436	515	509	529	522	496	5,469
PC	2012	751	441	333	293	367	369	472	514	534	599			4,673
DC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0

***Key:** PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.









